

**Print or Type Name** 

## STATE OF MONTANA - DEPARTMENT OF LIVESTOCK

MILK CONTROL BUREAU PO BOX 202003 HELENA MT 59602-2003 PHONE: (406) 444-2875 FAX: (406) 444-1432 E-MAIL: <u>LivMilkControl@mt.gov</u>

## Producer-Distributor License Application - Fiscal Year 2018 (July 1, 2017 – June 30, 2018)

Please review the information below, update, and return this form to the Milk Control Bureau with the required license fee of \$2.00 before July 1, 2017.

After the bureau processes your fee and application, it will mail the license to the specified mailing address.

## **Montana Dept. of Livestock Licenses**

Milk Control Bureau #
Milk and Egg Bureau #

		Milk and Egg Bureau #			
Change or Correct Busi	ness Name?Yes	No			
If Yes, New Name:					
Change Mailing Addres	s?Yes No				
If Yes, New Address:	·				
Primary/Preferred Conf	tact Person:		Title:		
Telephone: Busine	ss:	Mobile:	Other:		
Email Address:			_		
Dairy Physical Address:					
Processing Facility Phys	sical Address:				
Average number of cov	vs milked (NOT entire he	rd)	_		
Applicant does or _	does not produce all	products sold by applica	ınt's dairy.		
Milk sold by applicant is	s: Raw Milk	and/or Pasteurized	I		
·	ently sold to: Dist	<del></del>	Jobber 5 / Jobbers / Retailers)	Retailer	
Business is a:	_ Sole Proprietorship	Limited Liability	y Company*		
	_ Partnership*	Corporation*			
*Attach list of r	names and addresses of o	directors, owners, or off	icers.		
that in the case of milk	ess holds all licenses requ entering Montana from a ontana Food, Drug and C	another state or foreign			
Signature of Appl	icant/License Holder		Date		

## Producer-Distributor Application Attachment A: List of Distributors / Jobbers / Retailers

Please list the distributors, jobbers, and retailers who receive milk products from your business.				
Business/Franchise/Etc	<u>City</u>	<u>State</u>		